# III. HHSS Implementation Project

## A. Approach to Planning

The Behavioral health reform of LB 1083 introduces major changes to HHSS behavioral health services and operations. The requirements for the behavioral health implementation plan are identified in LB 1083, Sections 19 and 20. To ensure that a clear focus is maintained throughout the span of the reform effort, the implementation follows project management methodology.

Project management methodology is outlined in A Guide to the Project Management Body of Knowledge (PMBOK Guide) 2000 Edition, by the Project Management Institute, and is an accepted way of ensuring that a major work effort is effectively carried out. Each project is unique by definition, and each project team applies the techniques and practices that will add the most value to their specific project. Projects can all benefit by applying the processes of initiating, planning, executing, controlling, and closing.

## B. Project Planning

### 1. Planning Team

The HHSS Strategy team is made up of the Policy Cabinet and the team leaders for the Community Services, Regional Center (RC) Transition, HHSS Organization, Employment, Housing, Finance, Human Resources, Information/Payment System, Academic Support, and Communications/Legislation teams.

### 2. Planning Process

The Strategy team met May 17 and 18, 2004 to develop the scope and direction for the LB 1083 Implementation Plan. The outcome of these meetings is the **Deliverable Responsibility Matrix**. This responsibility matrix lists the sections of LB 1083 within scope for the plan, identifies a project team as owner and other involved project teams as participants for defining the work to accomplish the requirements of each LB 1083 section within scope.

### 3. Planning Meetings: Section Meetings

Section meetings were held for each LB 1083 section assigned in the Deliverable Responsibility Matrix. Meeting participants were the team leaders of the teams identified as owner and participant and the Cabinet sponsors for those teams. When the Strategy team was identified as owner for a section, it was mandatory for all team leaders and Cabinet members to attend.

The goals of the section meetings were:

1. Achieve consensus that the work and resources identified would accomplish the intent of each section of LB 1083 identified in the Deliverable Responsibility Matrix.
2. Identify the deliverables, activities, and responsible person for each section of LB 1083.
   - A **deliverable** is defined as a work product

- Sub-deliverables are intermediate work products that roll into a deliverable
- An **activity** is an action steps necessary to produce the work product
- The **responsible person** is the person who will assign staff to do the activities.
- The completion of each deliverable is a project milestone, and additional milestones were sometimes identified.

### 4. Planning Meetings: Sequence and Schedule Meetings

After the deliverables, activities, and responsible person were identified for each section in the LB 1083 Implementation Plan, two more meetings were held on June 8 and 9, 2004 to establish a timeline for the LB 1083 deliverables. At the end of the meeting, dates for prioritized deliverables that were not dependent on the notice of intent to reduce or discontinue Regional Center services were established. These dates were confirmed and placed in the Behavioral Health Reform Timeline, which is included in this project notebook.

## C. Project Charter and Scope

### 1. Vision

Consumers who need more intense levels of mental health and/or substance abuse services are served closer to their home communities, support systems, family and friends in the least restrictive environment that provides safety and protection for the individuals and the community.

### 2. Scope

The scope of a project helps communicate clearly to stakeholders what work will and will not be done on a project. The Work Breakdown Structure (WBS) is the list of deliverables and activities that defines the scope of the Behavioral Health Reform effort. Over the course of this effort, formal changes may be approved which could alter the scope. If that happens, the WBS will be updated to reflect approved changes.

#### a) In Scope

- Deliverables and activities listed in the work breakdown structure of this document.
- Organization and management of the Behavioral Health Division as the behavioral health authority for the state.
- Organization and management of the six behavioral health authorities.
- Development of community-based behavioral health services and continuum of care for the purpose of reducing the necessity and demand for Regional Center. The services to be developed will address the needs of:
    - Adult consumers with severe and persistent or severe mental illness committed to HHSS by Mental Health Boards.

- Adult consumers with substance abuse or addictions disorders committed to HHSS by Mental Health Boards.
- Adult consumers needing emergency behavioral health services.

- The integration of the management and funding of behavioral health services administered by HHS Systems.
- Organization and staffing of the Behavioral Health Council and the three sub-committees relating to mental health, substance abuse, and gambling addiction.
- The use of state funds for rental assistance and housing construction for adults with serious mental illness.
- Implementation of revisions to the Mental Health Commitment Act.
- Development of rules and procedures for mandatory licensing to replace the current voluntary certification program for drug abuse counselors.

#### b) Out of Scope

Some services are not related to the development of Regional Center and community-based behavioral health services resulting from LB 1083. The following services are not part of behavioral health reform efforts:

- Deliverables and activities not listed in the work breakdown structure of this document.
- Children and adolescents.
- Adult consumers needing mental health or substance abuse services who are not committed to HHSS by Mental Health Boards.
- Adult sex offenders
- Forensics

## D. Project Organization

### 1. Stakeholders

HHSS provided information or briefings to, and received input and feedback from, a wide variety of individuals and organizations that have an interest in the behavioral health system. Stakeholders include those individuals effecting the change as well as those impacted by it.

- State Senators
- Consumers
- Regional Center employees

- HHSS employees
- Behavioral Health Work Team members (internal and external to HHSS)
- Mayors
- Police Chiefs
- County Sheriffs
- Mental Health Commitment Boards
- County Boards/Commissioners
- State Board of Health
- Local Health Departments
- Nebraska Medical Association
- Nebraska Hospital Association
- Regional Program Administrators
- County Attorneys
- District Attorneys
- Nebraska Association for the Mentally Ill
- Mental Health Association
- Nebraska Advocacy Services
- All of the Day Rehabilitation programs (sometimes referred to as Clubhouses)
- Various community providers
- HHSS Policy Cabinet

### 2. Stakeholder Involvement

- In the fall of 2001, HHSS began a process for identifying the housing needs of behavioral health consumers. With the introduction of LB 1083 HHSS expanded the involvement of consumers, providers, Regions, developers, and others in the process. Representatives of the "affordable housing" industry have been working closely with HHSS to develop strategies to address the requirements of LB 1083
- Senator Jensen, Legislative staff, and representatives of HHSS met with consumers, providers, state Regional Center employees, government officials, county board, mayors, and law enforcement in September and October 2003. Meetings were held in each of the state's six regions and in the Hastings, Norfolk, and Lincoln Regional Centers.

- Nov. 19, 2003: Governor's news conference to announce behavioral health reform. Governor briefed representatives from the Hastings and Norfolk Communities and state senators that day.

- Ron Ross, former Director of HHS, met with consumers, Regional Program Administrators (RPA) and providers in all regions in November and December 2003 to discuss issues with closing Regional Centers.

- Governor Johanns met with law enforcement on December 9, 2003 and the Norfolk and Hastings communities several times throughout November and December 2003 and January 2004.

- Governor Johanns met with consumers and providers December 16, 2003, to identify and discuss their issues with the behavioral health reform.

- On January 23, 2004, HHSS met with all RPAs and law enforcement representatives to formally initiate the community planning process. HHSS provided guidelines for the development of plans for developing the community services necessary to treat patients needing acute and secure services in the community.

- March 2-10, 2004: Governor, HHSS and Regional Program Administrators briefed state senators on state and regional behavioral health system and behavioral health reform planning.

- From January to March Regional representatives met with consumers, Regional Center representatives, community providers, County Board members, law enforcement officials, District Attorneys, and many other stakeholders to gather input and develop community service plans necessary to implement LB 1083. On March 31, 2004 the six Regions presented their proposed plans to HHSS on replacing inpatient services at Hastings and Norfolk Regional Centers with community hospital services; serving persons ready for discharge from all three Regional Centers; and developing additional emergency services. **Phase II** plans, currently being drafted, will focus on long-term expansion of community-based services

- Representatives of HHSS continued the planning process in June 2004, meeting with Regions and providers to continue to collect input and to identify emerging issues.

The extensive involvement of stakeholders in planning, problem solving, and decision making will continue as a key component of behavioral health reform. Consumers and consumer organizations, providers, law enforcement, hospitals, representatives of the legal system, county boards and other elected officials will be participants in the planning and implementation process at both the state and community level.

### 3. Behavioral Health Work Teams

Changes to the HHS System infrastructure were identified as necessary to the success of the Behavioral Health Reform effort. Work teams were established in eleven major areas. Team members consisted primarily of HHS System employees who were stakeholders in a particular area or issue; in addition, several of the work teams included stakeholders external to HHSS. The team members had a related expertise in the particular areas assigned to the work team. In order to ensure System-wide coordination, Cabinet members served as team leaders with a team co-leader assigned. The team leaders and co-leaders became the Strategy Team, which

met regularly to make sure that efforts of the various teams were integrated. Information about Work Teams, including their purpose statement, vision, and identified stakeholders, follows.

## ACADEMIC SUPPORT TEAM

**PURPOSE:** To ensure academic support for excellence in behavioral health services for consumers in the state public behavioral health system.

**SPONSORS:** Richard Raymond, M.D./Blaine Shaffer, M.D.

**VISION:** The vision is:
Improving access to excellence in behavioral health care by academic collaboration with the public behavioral health sector.

**STAKEHOLDERS:** The primary stakeholders are:

1. Consumers committed to the care of HHS and behavioral health providers, primary care providers and law enforcement.
2. Behavioral Health Training Programs
3. Behavioral Health Research Programs
4. HHS and Regions

**MEMBERS:**

| Team Members | Role |
|---|---|
| Richard Raymond, M.D. | Lead |
| Blaine Shaffer, M.D. | Co-lead |
| Bob Bussard | BH Division (Member) |
| Dennis Snook | Region VI Field Representative (Member) |
| Steve Curtiss | HHS/F&S Director/Medicaid (Member) |
| Roxanna Jokela | UNMC /RHEN |
| Robert Bowman | UNMC/Family Medicine |
| Keith Mueller | UNMC/RHR |
| Deb Anderson | UNO/Social Work |
| Theresa Barron-McKeagney | UNO/Social Work |
| Bill Roccaforte | UNMC/Psychiatry |
| Susan Boust | UNMC/Psychiatry |
| Tom Svolos | Creighton/Psychiatry |
| Chris Kratochivil | UNMC/Psychiatry |
| Dan Wilson | Creighton/Psychiatry |
| Will Spaulding | UNL/Psychology |
| J. Rock Johnson | Consumer liaison |
| Craig Smith | UNL-Marital and Family Counseling |
| Mark Christiansen | UNMC/PA |
| Cecilia Barron | UNMC (Nursing) |

## COMMUNICATIONS TEAM

**PURPOSE:** To develop and implement communication strategies regarding the Behavioral Health reform effort in a variety of ways.

**SPONSORS:** HHSS Policy Cabinet

**VISION:** The vision is:
To provide accurate and timely information about the Road to Recovery behavioral health reform effort and LB 1083 to a variety of audiences through a number of avenues.

**STAKEHOLDERS:** The primary stakeholders are:

1. General public
2. Consumers
3. Policy makers such as State Senators
4. Employees are primary audiences
5. The media will be used to assist in delivering the messages.

**MEMBERS:**

| Team Members | Role |
|---|---|
| Christine Peterson | Lead |
| Kathie Osterman | Co-lead |
| Bryson Bartels | Legislative information |
| George Hanigan | BH information |
| Mary Shanahan | HR/Employee information |
| Paula Hartig | Research and data analysis |
| Phyllis McCaul | BH information |
| Ron Sorensen | BH information |
| Sue Schatz | Word Processing |
| Terry Schmitt | Legislative information |
| Willard Bouwens | Financial |

## COMMUNITY SERVICES TEAM

**PURPOSE:** To develop and implement the plan for creating community services necessary to transition from the services provided by the Norfolk and Hastings Regional Centers.

**TEAM LEADER:** Dr. Richard Raymond and Steve Curtiss

**TEAM CO-LEADERS:** George Hanigan, Bob Seiffert, Ron Sorensen

**VISION:** The vision is:
Services are available in the community to:
1. Replace the need for the inpatient services provided by the Norfolk and Hastings Regional Centers and,
2. Reduce the need for inpatient services.

**STAKEHOLDERS:** The primary stakeholders are:
1. Consumers and family members
2. Regional Governing Boards and Regional administration
3. Law Enforcement
4. Mental Health Boards
5. Providers

**MEMBERS:**

| Team Members | Role |
|---|---|
| Dr. Richard Raymond | Team Leader |
| Steve Curtiss | Team Leader |
| George Hanigan | Team Co-Leader |
| Bob Seiffert | Team Co-Leader |
| Ron Sorensen | Team Co-Leader |
| Chris Peterson | Team Member |
| Dick Nelson | Team Member |
| Barb Thomas | Team Member |
| Beth Baxter | Team Member |
| C.J. Johnson | Team Member |
| Helen Meeks | Team Member |
| Jean Sturtevant | Team Member |
| John McVay | Team Member |
| Larry Brown | Team Member |
| Linda Wittmuss | Team Member |
| Phyllis McCaul | Team Member |
| Tom Greener | Team Member |
| Willard Bouwens | Team Member |

## EMPLOYMENT TEAM

**PURPOSE:** The Employment Team will look at the various issues involved with employment for consumers with behavioral health problems. Employment opportunities are important for people with serious mental illness. Psychiatric medications make it possible for many individuals to consider returning to the workforce. However, employment opportunities for individuals with mental illness continue to be challenging. The Employment team will look at strategies to address consumers concerns about possible loss of financial and service support.

**SPONSORS:** HHSS Policy Cabinet

**VISION:** The vision is:
The vision of the Employment Team is that each person served by the Behavioral Health Reform Project will have meaningful opportunities for employment.

**STAKEHOLDERS:** The primary stakeholders are:

1. Individuals who are or otherwise would be committed to the state for MH services.
2. The employers in the communities where these persons live.
3. All Work Teams for the BH Reform Project.
4. The Health and Human Services Policy Cabinet.

**MEMBERS:**

| Team Members | Role |
|---|---|
| Dick Nelson | Leader / HHSS Policy Cabinet |
| Betty Medinger | Co-Leader HHS Community Service Block Grant, NE Homeless Assist Program |
| Jim Harvey | HHS Office of MH, SA & Addiction Services |
| Mike Harris | HHS/Economic Assistance - Public Assistance, Food Programs |
| Joni Thomas | HHS Medicaid Infrastructure Grant |
| Frank Lloyd or designee | Vocational Rehabilitation |
| Joan Modrell or designee | NE Department of Labor |
| Dennis Lacquement | Department of Labor, Office of Workforce Services |
| Constance Zimmer, | Consumer-focus, MHPEC Chair |
| Richard Ellis | Consumer-focus, MHPEC & Chair Real Choices Consumer Task Force |
| Colleen Wuebben | Consumer-focus, National Alliance for the Mentally Ill – NE Chapter |
| Stan Pierce | Provider focus, Community Alliance, Omaha |
| Patty Skokan | Provider focus, Liberty Centre Services, Norfolk |
| Cec Brady or designee | HHS F&S Medicaid |

## FINANCE TEAM

**PURPOSE:** To improve the accountability of the HHSS financial and payment systems and the cost analysis of purchasing BH services in Nebraska (Medicaid and Non-Medicaid).

**SPONSORS:** Steve Curtiss

**VISION:** The vision is:
A sustainable financial and payment system that provides an understanding of the costs of providing BH services (Medicaid and Non-Medicaid) in Nebraska.

**STAKEHOLDERS:** The primary stakeholders are:

1. Behavioral Health Providers
2. Behavioral Health Regions
3. Federal Funding Sources
4. Medicaid

**MEMBERS:**

| Team Members | Role |
|---|---|
| Steve Curtiss | Team Leader |
| Willard Bouwens | Team Co-Leader |
| Kim Collins | Team Member |
| Larry Morrison | Team Member |
| Ron Sorensen | Team Member |
| Barb Thomas | Team Member |
| Cec Brady | Team Member |
| Paula Hartig | Team Member |
| Dan Albrecht | Team Member |

## HHSS ORGANIZATION TEAM

**PURPOSE:** To Implement LB1083 Regarding Organization and Structure of HHSS and the Integration of BH Services within HHSS.

**TEAM LEADER:** Dick Nelson

**TEAM CO-LEADER:** George Hanigan

**VISION:** The vision is:
A Division of Behavioral Health Services is created within HHSS and behavioral health services are integrated so that barriers to consumer access are eliminated, financial resources are maximized, and the system is effectively managed.

**STAKEHOLDERS:** The primary stakeholders are:

1. Consumers and family members
2. Governor and staff of the Governor and Legislators and their staffs
3. Six Behavioral Health Regions and County Boards
4. Federal agencies which provide funding to the Behavioral Health System and the Medicaid program.
5. Community providers and stakeholders.

**MEMBERS:**

| Team Members | Role |
|---|---|
| Dick Nelson | Leader |
| George Hanigan | Co-Leader |
| Barb Thomas | Member |
| Bob Seiffert | Member |
| Chris Peterson | Member |
| Dan Powers | Member |
| Dr. Raymond | Member |
| Linda Wittmuss | Member |
| Prem Bansal | Member |
| Ron Sorensen | Member |
| Steve Curtiss | Member |
| Tim Christensen | Member |
| Willard Bouwens | Member |
| Nancy Staley | Member |

## HOUSING TEAM

**PURPOSE:** The Housing Team will look at the various issues involved with housing for consumers with behavioral health problems. The behavioral health programs are designed to work with individuals for a certain length of time. When the consumer is found to be clinically ready for a lower level of care, he/she is ready for discharge from the program. Non-residential Behavioral Health programs are designed with the assumption that the consumer has a suitable place to live. When suitable places to live are not available, discharge from the inpatient and residential levels of care may be delayed.

**SPONSOR:** HHSS Policy Cabinet

**VISION:** The vision is:
The vision of the Housing Team is that each person served by the Behavioral Health Reform Project will access affordable, adequate housing.

**STAKEHOLDERS:** The primary stakeholders are:

1. Individuals who are or otherwise would be committed to the state for mental health services.
2. Housing providers
3. The Public Housing Authorities in the communities where these persons live.
4. The Work Team and the other Sub Group Work Teams for the Behavioral Health Reform Project.
5. The Health and Human Services Policy Cabinet.

**MEMBERS:**

| Team Members | Role |
|---|---|
| Dick Nelson | Leader / HHSS Policy Cabinet |
| Jim Harvey | Co-Leader / HHS Office of MH, SA & Addiction Services |
| Betty Medinger | HHS Community Service Block Grant, NE Homeless Assistance Program |
| Cec Brady (or designee) | HHS F&S Medicaid |
| Bob Bussard | HHS Recovery Homes for Substance Abusers |
| Steve Peregrine | Fannie Mae |
| Lara Huskey | NE Department of Economic Development (DED) |
| Pat Compton | NE Department of Economic Development (DED) |
| Stan Quy | U.S. Department of Housing & Urban Development (HUD) |
| Julie Hendricks | U.S. Department of Housing & Urban Development (HUD) |
| Debra Lingwall | U.S. Department of Housing & Urban Development (HUD) |
| Tim Kenny | NE Investment Finance Authority (NIFA) |
| Mike Fallesen | NE Investment Finance Authority (NIFA) |
| Susan Stibal | NE Investment Finance Authority (NIFA) |
| Byron Fischer | USDA – Rural Development |
| Phi Willnerd | USDA – Rural Development |
| Heidi Lapp | USDA – Rural Development |
| Daneille Hill | NE Housing Developers Association |

| | |
|---|---|
| Larry Potraz | Lincoln Housing Authority |
| Rick Kiolbasa | Chair, NE Commission on Housing and Homelessness |
| Constance Zimmer | Consumer-focus, MHPEC Chair |
| Richard Ellis | Consumer-focus, Chair Real Choices Consumer Task Force |
| Colleen Wuebben | Consumer-focus, National Alliance for the Mentally Ill – NE |
| Carole Boye | Provider focus, Community Alliance, Omaha |
| Patty Skokan | Provider focus, Liberty Centre Services, Norfolk |
| Becky Hanna & Tim Keelan | Housing consultants |
| Sue Adams | HHS Office of MH, SA & Addiction Services |
| Kathi Samuelson | HHS Office of MH, SA & Addiction Services |
| Bob Kubat | HHS-Services Eastern Service Area |
| Willard Bouwens | HHS F&S Financial Services Administrator |
| Mark Schultz | Dept of Education / Traumatic Brain Injury (TBI) |
| CJ Johnson | Region 5 Regional Administrator |

## HUMAN RESOURCES TEAM

**PURPOSE:** Facilitate resolution of issues regarding HHSS employees related to LB1083.

**SPONSORS:** George Hanigan and Steve Curtiss

**VISION:** The vision is:
Develop and implement a workforce plan to support the Behavioral Health Reform initiative that ensures the respect for HHSS employees and integrity of the organization.

**STAKEHOLDERS:** The primary stakeholders are:

1. Affected HHSS employees
2. Management
3. Representatives
4. Advocates

**MEMBERS:**

| Team Members | Role |
|---|---|
| Mary Shanahnan | HHSS HR&D, Team Lead |
| Pat Trainer | HHSS HR&D |
| Kathie Baumbach | HHSS HR&D |
| Linda Gerner | HHSS HR&D |
| Vicki Borden | HHSS HR&D |
| Vicki Logan | DAS State Personnel, Recruiting Activities, Re-Employment Program, Education |
| Richard Starr | DAS State Personnel, Classification and Compensation |
| Bill Wood | DAS Employee Relations |
| Gail Brolliar | DAS Employee Relations |
| Bill Wiley | Liaison with BH Communications Team |
| Karen Johnson | HHSS HR&D, Recorder, Administrative Asst. |
| Kathie Lueke | HHSS HR&D, Facilitator, Co-Lead |

## INFORMATION/PAYMENT SYSTEMS TEAM

**PURPOSE:** Develop an integrated strategy for improving behavioral health system.

**SPONSORS:** HHSS Policy Cabinet

**VISION:** The vision is:
Improved Client Service Delivery to Better Meet Client Needs
Effective and Efficient Delivery of Services
Enhanced Proficiency/Accountability of Staff
Improved Organization and Direction of the Agency
Increased Public Awareness

**STAKEHOLDERS**: The primary stakeholders are:

1. HHSS management, program, field staff and 24 hour facility staff
2. Community based providers
3. Regional Governing Boards
4. Federal and State Governmental entities (CMS – Centers for Medicare and Medicaid, HHS – ACF Health and Human Services – Administration for Children and Families, HHS – Public Health Service – Substance Abuse and Mental Health Services Administration)
5. Auditors
6. Legislators
7. Governor

**MEMBERS:**

| Team Members | Role |
|---|---|
| Steve Curtiss | Leader |
| Margo Gamet | Co-Lead |
| Bart Thomas | Team Member |
| Bob Bussard | Team Member |
| Bob Seiffert | Team Member |
| Cec Brady | Team Member |
| Jim Harvey | Team Member |
| Jim Ohmberger | Team Member |
| Lisa Franz | Team Member |
| Mary Steiner | Team Member |
| Pat Darnell | Team Member |
| Paula Hartig | Team Member |
| Ron Sorensen | Team Member |
| Willard Bouwens | Team Member |

## REGIONAL CENTER TRANSITION TEAM

**PURPOSE:** Ensure that clients currently served in Hastings Regional Center and Norfolk Regional Center are transitioned to appropriate services.

**SPONSORS:** Steve Curtiss/George Hanigan

**VISION:** The vision is:
Behavioral Health Consumers will receive recovery oriented services close to home.

**STAKEHOLDERS:** The primary stakeholders are:

1. Consumers currently residing in Regional Centers
2. Families
3. Advocates

**MEMBERS:**

| Team Members | Role |
|---|---|
| Steve Curtiss | Lead |
| George Hanigan | Co-lead |
| Amir Azimi | Support Services |
| Barb Ramsey | CEO |
| Bill Gibson | CEO |
| Rick Gamel | CEO |
| John McVay | Regional Director |
| Larry Brown | Regional Director |
| Beth Baxter | Regional Director |
| Jean Sturtevant | Regional Director |
| CJ Johnson | Regional Director |
| Tom Greener | Regional Director |
| Dennis Loose | Chief Deputy Director |
| Willard Bouwens | Finance & Support |
| Mary Shanahan | Human Resources |
| Kathie Osterman | Communications |
| Kathi Samuelson | Field Rep |
| Dennis Snook | Field Rep |
| Dr. Blaine Shaffer | Medical Director |
| Phyllis McCaul | Consumer Rep |
| Magellan | |

## STRATEGY TEAM

**PURPOSE:** To effectively manage the Behavioral Health Reform Project ("Road to Recovery")

**SPONSOR:** Chris Peterson

**CO-LEADER:** Ron Sorensen

**VISION:** The vision is:
Consumers who need more intense levels of mental health and/or substance abuse services are served closer to their home communities, support systems, family and friends in the least restrictive environment that provides safety and protection for the individuals and the community.

**STAKEHOLDERS:** The primary stakeholders are:

1. The residents of the State of Nebraska.
2. Consumers and family members.
3. Governor and staff of the Governor's Office and Legislators and their staffs.
4. The six Behavioral Health Regions, County Boards.
5. Mental Health Boards.
6. The Health and Human Services System and its employees.
7. The federal agencies which provide funding to the Behavioral Health System and the Medicaid Program.
8. Law Enforcement and other public and private agencies impacted by the behavioral health system.

**MEMBERS:**

| Team Members | Role |
|---|---|
| Chris Peterson | Team Leader |
| Ron Sorensen | Team Co-Leader |
| Dr. Richard Raymond | Chief Medical Director |
| Dick Nelson | Regulation and Licensure |
| Steve Curtiss | Finance and Support |
| George Hanigan | Behavioral Health |
| Bob Seiffert | Community Services |
| Amir Azimi | RC Transition – Physical Plant |
| Betty Medinger | Employment |
| Kathie Ostermann | Communications |
| Blaine Shaffer | Academic Support & RC Transition - Clinical |
| Willard Bouwens | Finance |
| Bryson Bartels | Legislation |
| Jim Harvey | Housing |
| Margo Gamet | Information/Payment Systems |
| Mary Shanahan | RC Transition – Human Resources |

## E. Project Communications

A number of key communication opportunities have been identified to support the Behavioral Health Reform Implementation Plan. The HHSS Communications and Legislative Services Division, the Behavioral Health Division, and the Project Manager will share responsibilities depending on the message, audience and type of communication method to be used. Each of the nine opportunities listed in this section may require follow-up communications. Additional opportunities may also be identified as the reform plan is implemented.

- **Message: Announce Behavioral Health administrator, clinical director, Administrator of consumer affairs.**
  - Audience: Employees, State Senators, media, public, advocates
  - Objective: Provide information about new positions
  - Communication Method or Type: News conference, news release, letters, e-mails
  - Timing: As the positions are hired
  - Roles (Prepare, Review, Approve):
    - Prepare: CLS
    - Review/approve: Policy Cabinet, Governor's Office, Senator Jensen
  - Feedback Mechanism: Media requests for information

- **Message: Notice to reduce or discontinue services at the Regional Centers**
  - Audience: Governor, State Senators, employees, media, public, advocates
  - Objective: Provide information about service changes
  - Communication Method or Type: Senator briefings, news conference, news release, letters, handouts/informational materials, e-mails
  - Timing: As community services are developed
  - Roles (Prepare, Review, Approve):
    - Prepare: CLS
    - Review/approve: Policy Cabinet, Governor's Office
  - Feedback Mechanism: None

**Message: Notice of 20% occupancy at the Regional Centers**
  - Audience: Governor, State Senators, employees, media, public, advocates
  - Objective: Provide information about service changes
  - Communication Method or Type: Senator briefings, news conference, news release, letters, handouts/informational materials, e-mails
  - Timing: When the census hits 20%
  - Roles (Prepare, Review, Approve):
    - Prepare: CLS
    - Review/approve: Policy Cabinet, Governor's office
  - Feedback Mechanism: None

- **Message: Funding allocations for BH Regions**
  - Audience: BH Regional Authorities, State Senators, media, public
  - Objective: Provide information about funding allocation
  - Communication Method or Type: News release, letters
  - Timing: Once funding is approved
  - Roles (Prepare, Review, Approve):

    - Prepare:  BH Division & CLS
    - Review:  Policy Cabinet
  - Feedback Mechanism: None

- **Message: Status of project**
  - Audience: Oversight Commission, media
  - Objective: Provide status report on activities
  - Communication Method or Type: Report
  - Timing: Upon request
  - Roles (Prepare, Review, Approve):
    - Prepare:  BH Division & CLS
    - Review:  Policy Cabinet
  - Feedback Mechanism: None

- **Message: Input from various stakeholders is important to the success of the project**
  - Audience: Various stakeholders - advocacy groups, consumers, providers, law enforcement, State Senators, employees
  - Objective: Gather critical input from stakeholders
  - Communication Method or Type: Develop plan to include meetings and discussion forums, presentation materials
  - Timing: As needed
  - Roles (Prepare, Review, Approve):
    - Prepare:  BH Division
    - Review/approve: Policy Cabinet
  - Feedback Mechanism: Survey Stakeholders & analyze feedback

- **Message: Internal project status report**
  - Audience: Policy Cabinet, Work team leaders
  - Objective: Provide regular report of project status, changes, risks, and issues
  - Communication Method or Type: E-mail report to Strategy team
  - Timing: Every 2 weeks
  - Roles (Prepare, Review, Approve):
    - Prepare:  Project Manager
  - Feedback Mechanism: None

- **Message: Project Change Request**
  - Audience: Policy Cabinet
  - Objective: Request a change to the deliverables or activities identified in Implementation Plan
  - Communication Method or Type: E-mail Project Change Request form to Policy Cabinet
  - Timing: As needed
  - Roles (Prepare, Review, Approve):
    - Prepare: Person with requested change
  - Feedback Mechanism: Policy Cabinet response

- **Message: Project Risk and Project Issue forms**
  - Audience: Policy Cabinet
  - Objective: Notify Cabinet of risks and issues to project

- Communication Method or Type: E-mail forms to Policy Cabinet
- Timing: Before internal project status reports and as needed
- Roles (Prepare, Review, Approve):
  - Prepare: Project team member who needs to identify risk or issue
- Feedback Mechanism: Policy Cabinet response to risks that exceed threshold and issues that require action

## F. Project Quality

Quality is defined as satisfying the requirements of a project. Projects have limited resources, and project teams balance schedule, cost, scope, and quality within a fixed framework. When work is done to add more services or features to project deliverables than is specified by the scope and requirements of the project, the rest of the project suffers in some way. New requirements that surface once a project is underway can be added through a formal change control process. In project management, the practice of adding services, features, or functionality beyond the requirements is called “gold plating”. Gold plating takes away from the limited resources needed to make the whole effort successful.

To assure the quality of deliverables, a system of monitoring and reviewing project performance will be used.

- Work Team Reviews: As project activities are completed, the individual project teams will review work products and provide input.

- Policy Cabinet Review: The Policy Cabinet will review each deliverable to ensure it is consistent with the goals of the project and the intent of LB 1083.

- Transition Coordination Team: This team will be responsible for working with consumers, providers, and regional representatives to ensure that consumers discharged from Regional Centers are placed in appropriate services. After placement of consumers in the community the Team will continue to track and monitor the success of each consumer in meeting their treatment goals.

- Rules and regulations: New rules and regulations will be written to ensure compliance with the requirements of LB 1083.

- Oversight Commission: The commission will provide a review of the project plan (LB1083 Section 19). It will also review and report whether requirements of LB 1083 have been met when the Division notifies the Governor, Health and Human Services Committee of the Legislature, and Oversight Commission of intent to reduce or discontinue Regional Center services (LB 1083 Section 10(3)).

- Governor: The Governor will review the plan, the notice of intent to reduce or discontinue services at the Regional Centers, and the notice of 20% or less occupancy of any Regional Center.

- Health and Human Services Committee of the Legislature: The Legislature will review the plan, the notice of intent to reduce or discontinue services at the Regional Centers, and the notice of 20% or less occupancy of any Regional Center. Upon notification of 20% or less occupancy of a Regional Center, approval of a majority of members of the Executive Board of the Legislative Council will initiate the transfer of all remaining patients at such center to appropriate community-based services or another Regional Center (LB 1083 Section 10(6)).

- State Behavioral Health Council: The council is responsible to the Division and will advise the Division regarding state behavioral health services, represent the interests of consumers, and report to the Governor and the Legislature annually (LB 1083 Section 13(3)).

## G. Project Constraints

Constraints identify known limits to project work. When project teams are aware of the constraints up front, more informed planning and project work can be accomplished. Communicating constraints provides for more realism and shared understanding among project teams.

- Funding will define what can be done, and there are limited funds to purchase community services.

- Major funding streams, Medicaid and Behavioral Health, have different approaches to funding, treating illness, payment, and consumer system outcomes.

- The availability of mental health and substance abuse professionals to provide services, particularly in rural areas, is limited.

- Housing must be available for consumers to be released from Regional Centers.

## H. Project Change Control

Projects are planned with the best available knowledge, but a plan is a living document. As a project progresses, changes will arise. New requirements may be added or existing requirements changed or deleted. To mitigate risks or resolve issues, formal project changes will communicate the necessary information to the project team and other stakeholders. Establishing and using a change control process promotes continuous quality throughout the project lifecycle.

Proposed changes to the list of deliverables and activities in this document will be submitted to the Policy Cabinet through a process that will be established by the Project Manager. The change request will identify the reason for the requested change, the person requesting the change, and the requested action to be taken. The action would be to change, add, or delete a deliverable to the work breakdown structure.

# I. Project Schedule

## 1. Balancing Intent, Schedule, and Budget

One of the purposes of the bill is to transition consumers of Regional Centers to community-based services (LB 1083 Section 2(7)). When determining the schedule for this project, the timing of moving of Regional Center appropriations plays a major part.

The vision for this project outlines the approach that will be taken to get to the Regional Center transitions specified in LB 1083. "Consumers who need more intense levels of mental health and/or substance abuse services are served closer to their home communities, support systems, family and friends in the least restrictive environment that provides safety and protection for the individuals and the community." In short, the focus for accomplishing Regional Center transitions is on developing the community services that will replace the need for Regional Center care at Hastings and Norfolk Regional Centers. To ensure that the focus remains on developing the necessary community services, dates for Regional Center transitions have not been established.

The financial realities of implementing LB 1083 are that the budget to maintain the necessary community services comes from future Regional Center budgets. Thus, there is incentive to establish the community services in a time frame that creates a logical balance point between the need to transition Regional Center consumers to the community and the obligation to fund existing Regional Center services.

The following chart illustrates several options for closure or redesign of the Hastings and Norfolk Regional Centers and the projected savings associated with each option.

Summary of Regional Centers Appropriation
Available for Redirection to Community-Based Services

**Option #1**

| | SFY 2005 | SFY 2006 | SFY 2007* |
|---|---|---|---|
| HRC savings / transition Oct 04 | 8,250,455 | 12,375,252 | 12,375,252 |
| NRC savings / transition Dec 05 | 0 | 10,589,847 | 16,672,756 |
| **total savings** | **$ 8,250,455** | **$ 22,965,099** | **$ 29,048,008** |

**Option #2**

| | SFY 2005 | SFY 2006 | SFY 2007* |
|---|---|---|---|
| HRC savings / transition Oct 04 | 8,250,455 | 12,375,252 | 12,375,252 |
| NRC savings / transition Mar 06 | 0 | 5,032,263 | 16,672,756 |
| **total savings** | **$ 8,250,455** | **$ 17,407,515** | **$ 29,048,008** |

**Option #3**

| | SFY 2005 | SFY 2006 | SFY 2007* |
|---|---|---|---|
| HRC savings / transition Dec 04 | 6,760,921 | 12,375,252 | 12,375,252 |
| NRC savings / transition Dec 05 | 0 | 10,589,847 | 16,672,756 |
| **total savings** | **$ 6,760,921** | **$ 22,965,099** | **$ 29,048,008** |

**Option #4**

| | SFY 2005 | SFY 2006 | SFY 2007* |
|---|---|---|---|
| HRC savings / transition Dec 04 | 6,760,921 | 12,375,252 | 12,375,252 |
| NRC savings / transition Mar 06 | 0 | 5,032,263 | 16,672,756 |
| **total savings** | **$ 6,760,921** | **$ 17,407,515** | **$ 29,048,008** |

**Option #5**

| | SFY 2005 | SFY 2006 | SFY 2007* |
|---|---|---|---|
| HRC savings / transition Feb 05 | 5,156,785 | 12,375,252 | 12,375,252 |
| NRC savings / transition Dec 05 | 0 | 10,589,847 | 16,672,756 |
| **total savings** | **$ 5,156,785** | **$ 22,965,099** | **$ 29,048,008** |

**Option #6**

| | SFY 2005 | SFY 2006 | SFY 2007* |
|---|---|---|---|
| HRC savings / transition Feb 05 | 5,156,785 | 12,375,252 | 12,375,252 |
| NRC savings / transition Mar 06 | 0 | 5,032,263 | 16,672,756 |
| **total savings** | **$ 5,156,785** | **$ 17,407,515** | **$ 29,048,008** |

***Estimated Regional Center Appropriation**

| | General Funds | Federal Funds/Cash | total |
|---|---|---|---|
| Hastings Regional Center | 11,049,349 | 1,325,903 | 12,375,252 |
| Norfolk Regional Center | 14,840,533 | 1,832,223 | 16,672,756 |
| **total** | **$ 25,889,882** | **$ 3,158,126** | **$ 29,048,008** |

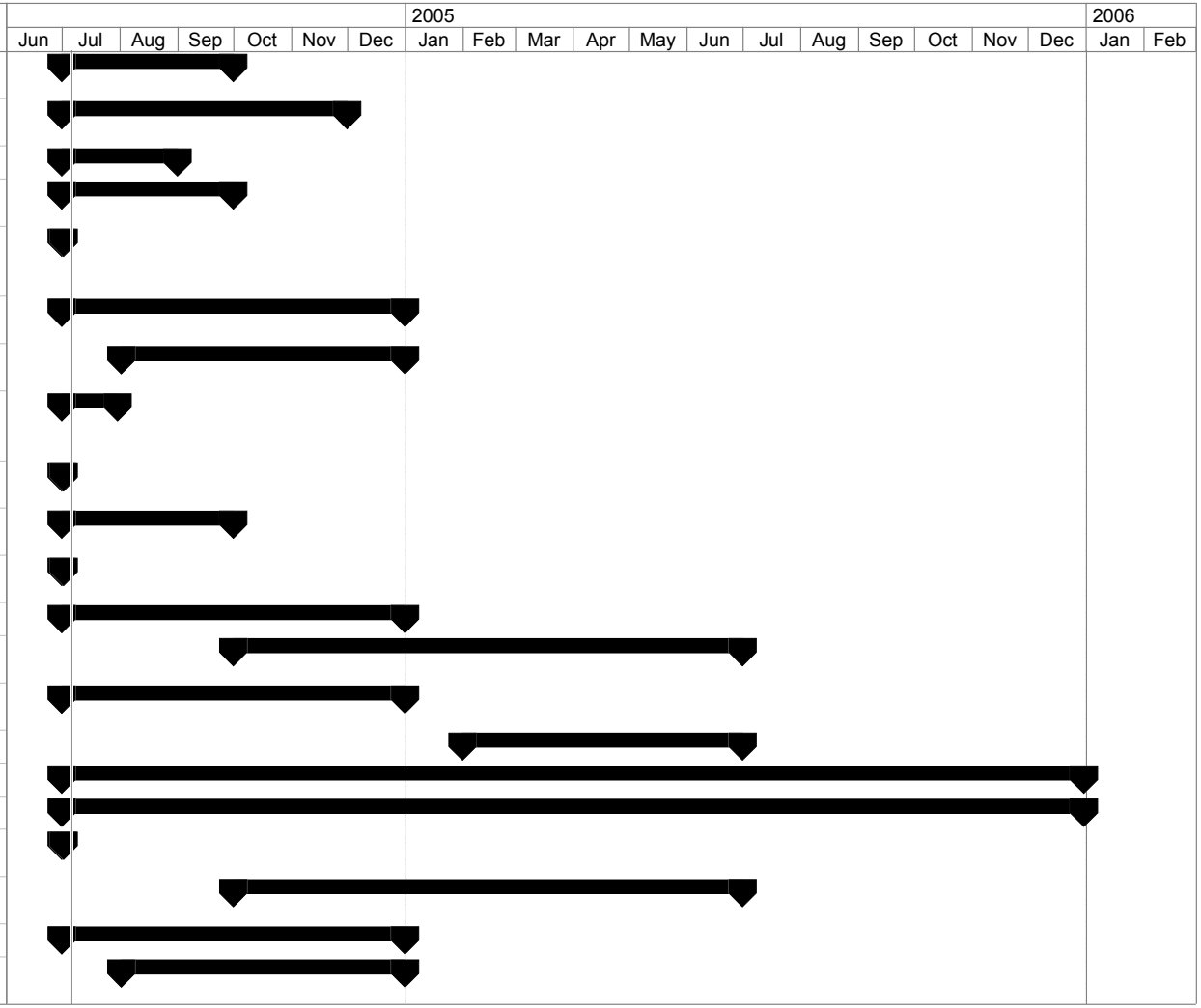
## 2. Project Timeline

Apart from the timing of the Regional Center transitions, the majority of the deliverables and activities in the work breakdown structure can be scheduled. The scheduling of activities and tasks is dependent on available resources, priorities of deliverables, and dependencies between deliverables. A rough outline of the completion of project deliverables is provided in the Behavioral Health Timeline, which is presented in Gantt chart format in the following pages of this project notebook.

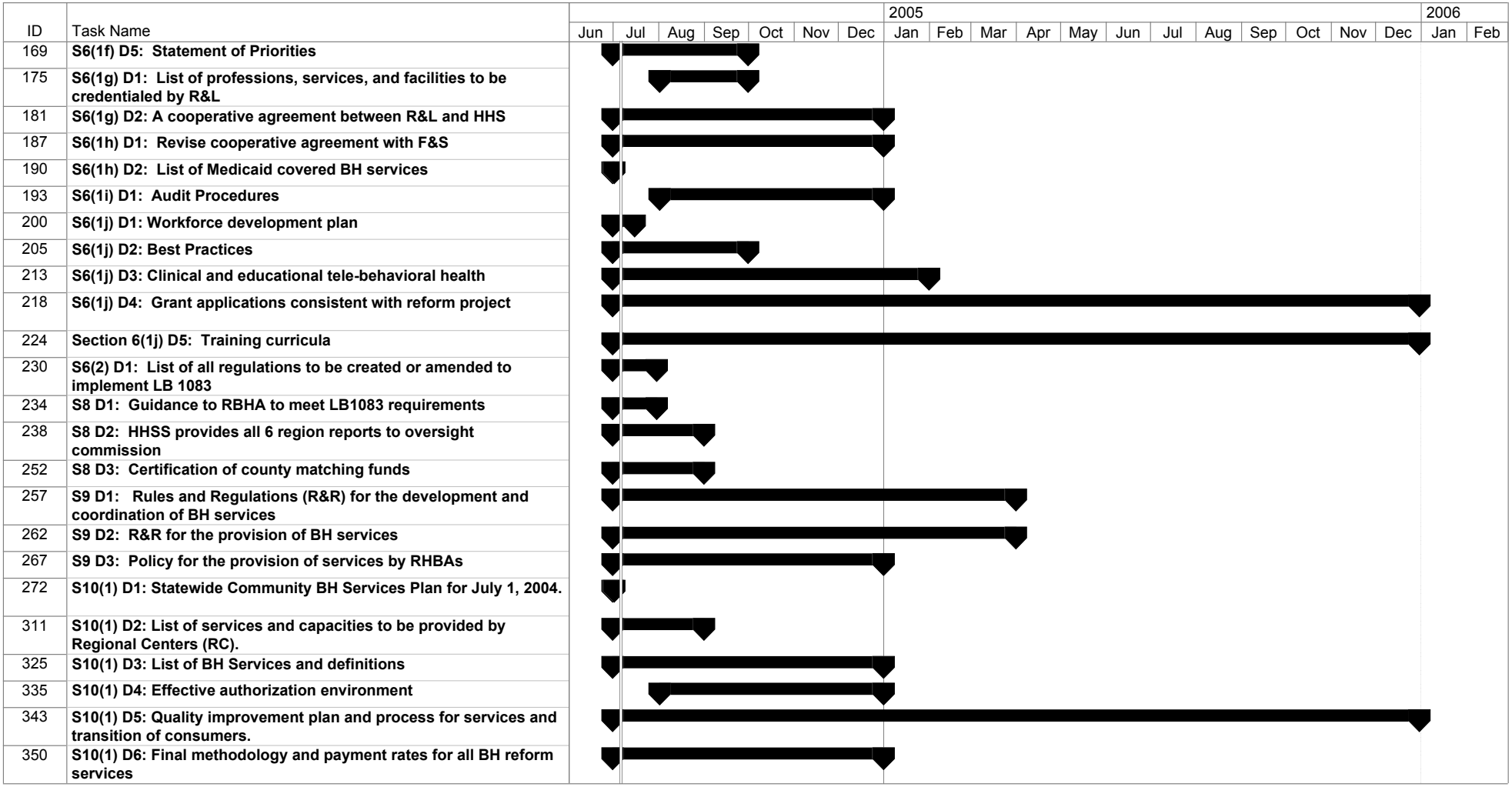
Due dates for the main deliverables are listed. If there are sub-deliverables which roll up into a main deliverable, they will all be completed by the completion date listed for the main deliverable. The main deliverables that are dependent on Regional Center transitions are not listed in the timeline. Some activities are ongoing, and the duration line is listed until December 2005. Ongoing activities may actually go beyond that date. Deliverables that are marked by a single duration marker without a duration line have been completed.

# HHSS Behavioral Health Reform
# Implementation Plan Timeline

| ID | Task Name |
|---|---|
| 1 | **S5 D1: An Administrator for the Division of Behavioral Health Services** |
| 12 | **S5 D2: A Chief Clinical Officer for the Division of Behavioral Health Services** |
| 22 | **S5 D3: Office of Consumer Affairs (OCA)** |
| 29 | **S5 D4: Program Administrator of Office of Consumer Affairs** |
| 39 | **S5 D5: Separate budget and method of accounting for revenues and expenditures for the Division of Behavioral Health Services** |
| 42 | **S6(1a) D1: List of Rules and Regulations (R&R) for Division of Behavioral Health Services** |
| 44 | **S6(1a) D2: Operating Policies for Division of Behavioral Health Services** |
| 51 | **S6(1a) D3: List of existing Division provided services and locations, including Regional Centers (RC), and including brief descriptions** |
| 56 | **S6(1a) D4: List of proposed Division provided services and locations, including RCs, and including brief descriptions** |
| 61 | **S6(1a) D5: Roles and functions of Division of Behavioral Health Services** |
| 67 | **S6(1a) D6: Organizational chart for the division, including regional centers** |
| 73 | **S6(1b) D1: Integration plan** |
| 83 | **S6(1c) D1: Comprehensive statewide plan (Annual-not 1083 plan) [Section 10(1) has details]** |
| 95 | **S6(1d) D1: Role and functions of Regional Behavioral Health Authorities (RBHA)** |
| 113 | **S6(1d) D2: Regional Budgets** |
| 126 | **S6(1d) D4: Audit BH Programs and Services** |
| 133 | **S6(1e) D1: Management information system** |
| 141 | **S6(1e) D2: Decision/process to "Track" patients discharged from Regional Centers (RC)** |
| 146 | **S6(1e) D3: Bid and Negotiate Vendor Contract for prior authorization support** |
| 150 | **S6(1f) D1: Reimbursement Process** |
| 161 | **S6(1f) D4: Financial Eligibility policy/sliding fee scale/consumer co-pay** |



# HHSS Behavioral Health Reform
# Implementation Plan Timeline




| ID | Task Name |
|---|---|
| 169 | **S6(1f) D5: Statement of Priorities** |
| 175 | **S6(1g) D1: List of professions, services, and facilities to be credentialed by R&L** |
| 181 | **S6(1g) D2: A cooperative agreement between R&L and HHS** |
| 187 | **S6(1h) D1: Revise cooperative agreement with F&S** |
| 190 | **S6(1h) D2: List of Medicaid covered BH services** |
| 193 | **S6(1i) D1: Audit Procedures** |
| 200 | **S6(1j) D1: Workforce development plan** |
| 205 | **S6(1j) D2: Best Practices** |
| 213 | **S6(1j) D3: Clinical and educational tele-behavioral health** |
| 218 | **S6(1j) D4: Grant applications consistent with reform project** |
| 224 | **Section 6(1j) D5: Training curricula** |
| 230 | **S6(2) D1: List of all regulations to be created or amended to implement LB 1083** |
| 234 | **S8 D1: Guidance to RBHA to meet LB1083 requirements** |
| 238 | **S8 D2: HHSS provides all 6 region reports to oversight commission** |
| 252 | **S8 D3: Certification of county matching funds** |
| 257 | **S9 D1: Rules and Regulations (R&R) for the development and coordination of BH services** |
| 262 | **S9 D2: R&R for the provision of BH services** |
| 267 | **S9 D3: Policy for the provision of services by RHBAs** |
| 272 | **S10(1) D1: Statewide Community BH Services Plan for July 1, 2004.** |
| 311 | **S10(1) D2: List of services and capacities to be provided by Regional Centers (RC).** |
| 325 | **S10(1) D3: List of BH Services and definitions** |
| 335 | **S10(1) D4: Effective authorization environment** |
| 343 | **S10(1) D5: Quality improvement plan and process for services and transition of consumers.** |
| 350 | **S10(1) D6: Final methodology and payment rates for all BH reform services** |

# HHSS Behavioral Health Reform
# Implementation Plan Timeline

| ID | Task Name |
|---|---|
| 377 | **S10(1) D7: Medicaid State Plan Amendments (SPA) or waivers as needed submitted to CMS** |
| 388 | **S10(1) D8: Plan for increased supportive employment opportunity for consumers** |
| 397 | **S10(1) D9: Expanded employment services for target population** |
| 399 | **S10(1) D10: Regional contracts for services between state and Regions** |
| 405 | **S10(1) D11: Contracts or agreements with providers for services not provided through the Regions** |
| 414 | **S10(2) D1: Expenditures by Regional Centers are managed so sufficient HRC/NRC funds are available to fund community services so commitments are diverted to the community.** |
| 433 | **S10(3) D1.3: HHSS Criteria to make determination recommendation to Governor** |
| 500 | **S10(6) D2: Regional Center Assessment Tool** |
| 506 | **S10(6) D3: Contracts with Transition Coordinators and Project Manager** |
| 516 | **S10(6) D4: Transition Team Trained** |
| 527 | **S11 D1: Allocation plan for distribution of funds to the Regional Behavioral Health Authorities (RBHAs)** |
| 533 | **S11 D2: Integrated budget** |
| 543 | **S11 D4: Information regarding number of people served/by service/by cost** |
| 546 | **S13-16 D1: Recommendation on committee members for State Advisory Committees on Mental Health Services, Substance Abuse Services, and Problem Gambling and Addiction Services** |
| 551 | **S13-16 D2: Draft document of by-laws** |
| 556 | **S13-16 D3: List of staff assigned to support council and committees** |
| 558 | **S13-16 D4: Organization meeting arrangements (BH Council and subcommittees)** |
| 566 | **S13-16 D5: Status report to Oversight Commission which includes activities of committees and selection of council members** |
| 568 | **S17(1) D1: Integration Plan of Gamblers Assistance Program (GAP) into the Division of Behavioral Health Services** |
| 572 | **S17(1) D2: GAP Budget** |

# HHSS Behavioral Health Reform
# Implementation Plan Timeline

| ID | Task Name |
|---|---|
| 578 | **S17(1) D3: Reimbursement process for services (GAP)** |
| 584 | **S21 D1: Training Packages** |
| 596 | **S21 D2: Consumer group input to develop training - Section 36(1)** |
| 598 | **Section 101 D1: System for matching SMI Consumers in Independent Housing (consumer/provider/landlord)** |
| 606 | **Section 101 D2: Recommendations to DED** |
| 616 | **Section 101 D3: Housing First Policy** |